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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/815,646	
	Filing Date	03/23/2001	
	First Named Inventor	Scott H. Jaeger	
	Art Unit	3626	
	Examiner Name	BUI, Kim T.	
Total Number of Pages in This Submission	22	Attorney Docket Number	


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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Certificate of Transmission under 37 CFR 1.8 2. Letter to Mr. Joseph Thomas, Supervisory Patent Examiner 3. Petition for Extension of Time under 1.36(a) PTO/SB/22 4. Credit Card Payment Form PTO-2038 5. Reply and Return of Responsibility Letter		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Scott H. Jaeger		
Date	09/01/2006	Reg. No.	

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Scott H. Jaeger	Date	09/01/2006

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**09/815,646**

Registration Number, if applicable

**(856) 313-6630**

Telephone

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### List of Documents Sent via Facsimile to (571)273-8300 on September 1, 2006

1. Transmittal Form PTO/SB/21 (1 Page)
2. Certificate of Transmission under 37 CFR 1.8 (1 Page)
3. Cover Letter to Mr. Joseph Thomas, Supervisory Patent Examiner (2 Pages)
4. Petition for Extension of Time under 1.36(a) PTO/SB/22 (1 Page)
5. Credit Card Payment Form PTO-2038 (1 Page)
6. Reply and Return of Responsibility Letter (16 Pages)

**Total Pages Including This Form = 22**

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September 1, 2006

Joseph Thomas  
Supervisory Patent Examiner  
United States Patent and Trademark Office  
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RE: Method and System for Clinical Knowledge Management  
Application N° 09/815,646 Art Unit 3626

Dear Mr. Thomas,

I spoke to you in June 2006 with regard to this application. I had requested an appointment with you to discuss the application. Since I was represented by Kenyon & Kenyon, you informed me that I would need to terminate my representation with them before I could handle the matter personally. I have ended my representation and have a letter confirming that the responsibility for the application has been returned to me.

I have enclosed a Petition for a Time Extension as well as a reply to the rejection notice.

During our conversation, you mentioned that once I was no longer represented you would be willing to met with me and discuss the application. You had said that you could assign the application to another examiner, and a meeting with me would be helpful in your choice of a new primary examiner.

Therefore, if the enclosed documents are in order, I will call you to arrange for a meeting to discuss the application and explain why I

SCOTT H. JAEGER, M.D.

respectfully disagree with the decision of Kim T. Bui to reject the application.

Thank you, for your kind consideration in this matter. I can be reached by mobile telephone at (856) 313-6630

Sincerely yours,

A handwritten signature in black ink, appearing to read "S. Jaeger", with a stylized, cursive script.

Scott H. Jaeger, M.D.